

STATE OF NEVADA
DEPARTMENT OF PUBLIC SAFETY

OFFICE OF CRIMINAL JUSTICE ASSISTANCE

Statement of Subgrant Audit Arrangements

| | | |
|---|-------------------|--------|
| Project Number: _____ | CFDA # _____ | 16.579 |
| Name of Agency: _____ | | |
| Address: _____ | | |
| Telephone: _____ | Fax Number: _____ | |
| Financial Manager: _____ | | |
| <i>Does your government entity expect to spend an aggregate total of \$300,000 in federal funds in this fiscal year? (Government entity is the entire city, county, state or tribal government)</i> | | |
| YES _____ (continue with form) NO _____ (stop here & sign at bottom) | | |
| Name of Auditor/Firm: _____ | | |
| Auditor or Firm Address: _____ | | |
| Contact Person _____ | Telephone: _____ | |
| <u>Indicate anticipated date audit reports will be sent to OCJA</u> | | |
| Provide date for copy of audited financial statement: ____/____/____ | | |
| Signed by: _____ (authorized official) | | |
| Title: _____ | Date: _____ | |

Form No. NCA-009 Revised 2/99

RETURN THIS FORM TO
DPS Office of Criminal Justice Assistance
555 Wright Way
Carson City, Nevada 89711-0910

